

<b>Case Number:</b>	CM14-0037430		
<b>Date Assigned:</b>	03/31/2014	<b>Date of Injury:</b>	09/16/2008
<b>Decision Date:</b>	05/08/2014	<b>UR Denial Date:</b>	03/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/28/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Illinois. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 58-year-old female who reported an injury on 09/16/2008. The mechanism of injury was a fall. The note dated 02/19/2014 indicated the injured worker reported that the focus of care initially was on her back until quite recently. The injured worker reported that she had headaches ranging from 5/10 to 10/10 ever since the injury. The progress report dated 02/27/2014 indicated the injured worker saw [REDACTED], on 02/20/2014. It was noted the injured worker suffered with debilitating headaches ever since her injury and had complained about the headaches multiple times. It was noted the injured worker was referred to a headache specialist/neurologist who started her on Sumavel. Botox injections were being recommended as well. It was noted the injured worker did not wear a bra because it caused much shoulder pain due to breasts being heavy, and also caused neck pain even without a bra. It was noted that a request was submitted for the injured worker to consult with a surgeon for breast reduction purposes in order to reduce shoulder pain in particular. In addition, a request was made for home health care assistance, 5 hours per day 7 days a week

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**CONSULTATION WITH SURGEON:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7, Consultation Section, page 127.

**Decision rationale:** The request for consultation with surgeon is non-certified. The California MTUS/ACOEM Practice Guidelines state a consultation is intended to aid in assessing the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work. The records submitted for review indicated the injured worker had been started on Sumavel for her headaches; after seeing a neurologist. Furthermore, the records submitted for review indicated Botox injections were being recommended. However, the records submitted for review failed to include documentation of the injured worker's response to both Sumavel and Botox injections. As such, the request for a consultation with surgeon is not supported. Therefore, the request is non-certified

**IN HOME HEALTH CARE ASSISTANCE 5 HOURS PER DAY TIMES 7 DAYS PER WEEK:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

**Decision rationale:** The request for in-home healthcare assistance 5 hours per day x7 days per week is non-certified. The California MTUS Guidelines state that home health services is only recommended for medical treatment of patients who are home bound, on a part-time or intermittent basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services such as shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care that would be needed. The records submitted for review failed to include a rationale for the request of in-home healthcare assistance 5 hours per day x7 days per week. The records submitted for review failed to include documentation that the injured worker was home bound. The records submitted for review failed to include documentation of the home healthcare assistance that the injured worker would be in need of. As such, the request for in-home healthcare assistance 5 hours per day x7 days per week is not supported. Therefore, the request is non-certified.